



# Randolph County Soil & Water Conservation District

## REQUEST FOR COST SHARE ASSISTANCE

**January 1st, 2016—January 31st, 2016**



- Are you the legal owner of the land where the practice will be installed? \_\_\_\_\_
- Is land where practice will be installed assessed as agricultural land? \_\_\_\_\_ FSA Farm# ? \_\_\_\_\_
- Does the land produce agricultural commodities? \_\_\_\_\_
- Is land where the practice will be installed enrolled in CRP or any other Federal Program? \_\_\_\_\_

Date: \_\_\_\_\_

Farm # \_\_\_\_\_ Tract # \_\_\_\_\_

Landowner: (*exactly as it reads on deed*) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers \_\_\_\_\_

Email Address: \_\_\_\_\_

### Please check preferred practice

- ☐ Terrace System (DSL-04, DSL-44)
- ☐ Water Impoundment Reservoir (DWC-01)
- ☐ Sod Waterway (DWP-03)
- ☐ Permanent Vegetative Cover Estab.(DSL-01)
- ☐ Diversion (DSL-05)
- ☐ Cover Crop (N340)

☐ **I would like to receive updates/  
information from the district via  
email or text?**

### Pre-Practice Landowner/Cooperator Certification

- I, the undersigned, do hereby request cost-share assistance to help defray the cost of installing the soil erosion/water quality practice listed at the side.
- I understand that by requesting cost-share assistance, I am giving permission for any staff from SWCD and NRCS along with SWCD board members to enter my property for the purpose of evaluating the eligibility for state cost-share assistance or other natural resource concerns.
- I certify that I have not started the practice. I understand that if I begin the practice before I receive official notification of approval from the district board, I am NOT ELIGIBLE to receive cost-share assistance for completing the practice. My cost-share will be forfeited.
- I understand that the district board of supervisors MUST approve any modification in the design of the practice. Failure on my part to request changes and obtain board approval of the changes will jeopardize my cost-share payment for the practice.
- I understand that I am NOT ELIGIBLE to receive payment for installing the practice until it meets NRCS Standards and Specifications within Commission Policy.
- I understand that if I commit to plant wheat and do not plant it by October 31st, I will be low priority.
- As landowner, I understand that it is my responsibility to permanently mark survey flags and hubs. Markers must remain in place through a crop season.
- I understand if I construct terraces, all farming operations must be parallel to terraces.
- I understand that all bills submitted for reimbursement must be marked paid and include the check number on each and every bill.

Landowner Signature \_\_\_\_\_

Date \_\_\_\_\_

- ☐ Vender Form Given To Landowner
- ☐ Landowner Authorization Form Completed
- ☐ Map Of Property Attached

- ☐ Copy Of This Sheet Given To Landowner
- ☐ Ranking Sheet Completed

Employee Please Initial \_\_\_\_\_